

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation NARAL Pro-Choice America			3. FEC Identification Number <div style="border: 1px solid black; padding: 5px;"> <div style="border: 1px solid black; padding: 2px;"> C </div> C90004185 </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1150 15th Street, NW			
(c) City, State and ZIP Code <div style="display: flex; justify-content: space-between;"> Washington DC 20005 </div>			
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report ☐ 24-Hour Report

☐ October 15 Quarterly Report ☒ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on / /

5. COVERING PERIOD:

FROM / /

THROUGH / /

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES

0.00

26322.57

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE _____

[Electronically Filed]

Kimberly Robinson

Kimberly Robinson

04/07/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
NARAL Pro-Choice AmericaFull Name (Last, First, Middle Initial) of Payee
Civis Analytics

Date of Public Distribution/Dissemination

MM / DD / YYYY
04 / 05 / 2016

Mailing Address 1638 R St NW

Amount

8500.00

Transaction ID : VN7C2A117Z0

Purpose of Expenditure
Online advertisingCategory/
Type

Office Sought:

☐ House

State: NH

☒ Senate

District: 00

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
KELLY A AYOTTECalendar Year-To-Date Per Election
for Office Sought

26322.57

Disbursement For:
2016 ☒ Primary ☐ General
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
New Media Firm

Date of Public Distribution/Dissemination

MM / DD / YYYY
04 / 05 / 2016

Mailing Address 1730 Rhode Island Ave NW

Amount

17822.57

Transaction ID : VN7C2A117W7

Purpose of Expenditure
Media production expenseCategory/
Type

Office Sought:

☐ House

State: NH

☒ Senate

District: 00

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
KELLY A AYOTTECalendar Year-To-Date Per Election
for Office Sought

26322.57

Disbursement For:
2016 ☒ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

26322.57

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

26322.57